

AFFIDAVIT

Sworn affidavit confirming dependency of adult beneficiaries

Membership number: _____

I, _____, ID Number _____ hereby declare the following in respect of my adult dependant/s:

- The dependant/s listed are fully (financially and otherwise) dependant on me
- The dependant/s listed are unmarried or
- The dependant/s listed are mentally/physically disabled (please attach a doctor's report confirming this if not previously submitted to the Scheme)

Dependant Details				
First Name	Surname	ID Number	Relationship to principal member	Monthly Income of Dependant from all sources

In accordance with the Scheme Rules, any dependant (excluding your spouse/partner) over the age of 21 years of age or older, who is not financially and otherwise dependant on the principal member may not be registered as a dependant.

Thus declared on this _____ day of _____ 20____ in _____

I know and understand the contents of this declaration and I have no objections in taking the prescribed Oath.

I consider this declaration binding.

SIGNATURE OF PRINCIPAL MEMBER

The above statement was made by the deponent and the deponent knows and understands the contents of this statement. The statement was sworn by the deponent and his/her signature placed thereon in my presence in _____ on _____ 20____.

STAMP BY COMMISSIONER OF OATHS

COMMISSIONER OF OATHS